



Office of Congresswoman  
Gloria Negrete McLeod

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Programmatic Appropriations Request Form

Please FAX to:

**Congresswoman Gloria Negrete McLeod**

fax: 909-626-2678 hours: M-F 9-6:00pm EST

**Recipient Agency Information**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Agency Contact Name: \_\_\_\_\_

**Local DC Contact**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Please indicate numerical priority of this request relative to other requests from your office:

Example: #1 Top Priority \_\_\_\_\_

Program/Language Title: *ex: VA-HUD*

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Federal Funding Request: Please check one.

- ☐ Support Total Funding: Please specify \$ \_\_\_\_\_
- ☐ Support the Enacted Level
- ☐ General Support of Program
- ☐ Funding Should Be Reduced: By how much? \_\_\_\_\_
- ☐ Funding Should Be Eliminated

On a separate sheet of paper, please provide a description of the program, how it benefits residents in the district, along with its funding history and balances and if applicable, any litigation issues. Please provide any other information that may be germane for funding purposes.